

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

601387

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6			
TOTAL DEP.	11	↔	↔	↔
TOTAL CLAIMS	17			

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51	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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